

STATE OF NEBRASKA
FORM NO. CC 9:7
NEW 01/09

**PRAECIPE FOR
BILL OF EXCEPTIONS
FOR SMALL CLAIMS APPEAL**

CASE NUMBER: _____

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA

Plaintiff

**PRAECIPE FOR
BILL OF EXCEPTIONS
FOR SMALL CLAIMS APPEAL**

Defendant

Please prepare and certify a bill of exceptions, including exhibits, for the hearing(s) held in this case on _____.

The costs shall be estimated at the time of this request and the appellant shall deposit the amount required within 14 days of the receipt of the estimate. I understand that the bill of exceptions will not be prepared until payment has been made.

DATE: _____

Signed: _____

Appellant

Address

Phone #

COURT USE ONLY:

District Court Filing (Docket) Fee:	\$79.00	Paid on _____
Appeal Bond: (Small Claims Only)	\$50.00	Paid on _____
Cost of Transcript:	\$ _____	Paid on _____
Estimate of Bill of Exceptions:	\$ _____	Paid on _____
Supersedeus Bond (Optional)	\$ _____	Paid on _____
Poverty Affidavit/Order (Optional) filed on	_____	